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PTO/SB/01 (6-95)

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01/09/02  
Rev. 6/96U.S. Department of Commerce  
Patent and Trademark Office

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration  
Submitted  
with Initial Filing

☒ Declaration  
Submitted after  
Initial Filing
Attorney Docket H 4494 PCT/USFirst Named  
Inventor Kleen, Astrid

COMPLETE IF KNOWN

Application Number 10/088,432

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD FOR RESTRUCTURING KERATIN FIBERS

The specification of which  
☐ is attached hereto

OR  
☒ was filed on (MM/DD/YYYY) 09/13/2000

as United States Application Number of PCT (International)

Application Number PCT/EP00008924 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56

I hereby claim through priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also controlled below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
199 45 487 6	DE	09/22/1999	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto

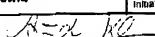
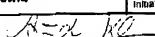
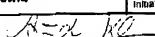
I hereby claim the benefits under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Bureau hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231

Type a plus sign (+) inside this box +

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DECLARATION		Page 2																																												
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or 35 USC of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 when became available between the filing date of the prior application and the national or PCT international filing date of the application.																																														
<b>U.S. Parent Application Number</b>	<b>PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>																																											
	PCT/EP00/08924	09/13/2000																																												
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As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute the application and to transact all business in the Patent and Trademark Office connected therewith:																																														
<input type="checkbox"/> Firm Name _____ Customer Number _____ or Name _____																																														
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below.																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 20%;">Registration Number</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td>Glenn E. J. Murphy</td> <td>33,539</td> <td></td> <td></td> </tr> <tr> <td>Stephen D. Harper</td> <td>33,243</td> <td></td> <td></td> </tr> <tr> <td>Kimberly R. Hild</td> <td>39,224</td> <td></td> <td></td> </tr> <tr> <td>Steven C. Bauman</td> <td>33,832</td> <td></td> <td></td> </tr> </tbody> </table>	Name	Registration Number	Name	Registration Number	Glenn E. J. Murphy	33,539			Stephen D. Harper	33,243			Kimberly R. Hild	39,224			Steven C. Bauman	33,832																												
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Please direct all correspondence to <input checked="" type="checkbox"/> Customer Number _____ or <input type="checkbox"/> Patent Office <input type="checkbox"/>																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3">Kimberly R. Hild</td> </tr> <tr> <td>Address</td> <td colspan="3">Henkel Corporation</td> </tr> <tr> <td>Address</td> <td colspan="3">2500 Renaissance Blvd, Suite 200</td> </tr> <tr> <td>City</td> <td>Gulph Mills</td> <td>State</td> <td>PA</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>610-278-4864</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>610-278-6548</td> </tr> </table>				Name	Kimberly R. Hild			Address	Henkel Corporation			Address	2500 Renaissance Blvd, Suite 200			City	Gulph Mills	State	PA	Country	USA	Telephone	610-278-4864			Fax	610-278-6548																			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																																														
<b>Name of Sole or First Inventor:</b> <input type="checkbox"/> A petition has been filed for this unnamed inventor																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Given Name</td> <td style="width: 20%;">Astrid</td> <td style="width: 20%;">Middle Initial</td> <td style="width: 20%;">Family Name</td> <td style="width: 20%;">Kleen</td> <td style="width: 20%;">Suffix e.g. Jr.</td> </tr> <tr> <td>Inventor's Signature</td> <td colspan="3" style="text-align: center;">  </td> <td>Date</td> <td>22.07.02</td> </tr> <tr> <td>Residence: City</td> <td>Enkrath</td> <td>State</td> <td>Country</td> <td>Germany</td> <td>Citizenship</td> <td>Germany</td> </tr> <tr> <td colspan="6">Post Office Address Nordstrasse 17</td> </tr> <tr> <td colspan="6">Post Office Address</td> </tr> <tr> <td>City</td> <td>40689 Enkrath</td> <td>State</td> <td>Zip</td> <td>Country</td> <td>Germany</td> </tr> <tr> <td colspan="5"></td> <td>Applicant Authority</td> </tr> </table>				Given Name	Astrid	Middle Initial	Family Name	Kleen	Suffix e.g. Jr.	Inventor's Signature				Date	22.07.02	Residence: City	Enkrath	State	Country	Germany	Citizenship	Germany	Post Office Address Nordstrasse 17						Post Office Address						City	40689 Enkrath	State	Zip	Country	Germany						Applicant Authority
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(\*) ATTORNEY THIS BOX + ☐

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Andreas	Middle Initial		Family Name	Saettler	Suffix e.g. Jr.	
Inventor's Signature	<i>Andreas Saettler</i>			Date	3.4.2002		
Residence City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Himmelgeislerstr. 187						
Post Office Address							
City	40225 Duesseldorf	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Horst	Middle Initial		Family Name	Hoefkes	Suffix e.g. Jr.	
Inventor's Signature	<i>Horst Hoefkes</i>			Date	28.3.02		
Residence City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Carlo-Schmid-Str. 113						
Post Office Address							
City	40595 Duesseldorf	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Ralf	Middle Initial		Family Name	Otto	Suffix e.g. Jr.	
Inventor's Signature	<i>Ralf Otto</i>			Date	29.04.02		
Residence City	Bad Friedrichshall	State		Country	Germany	Citizenship	Germany
Post Office Address	Oedheimer Str. 6						
Post Office Address							
City	74177 Bad Friedrichshall	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Oliver	Middle Initial		Family Name	Brabaender	Suffix e.g. Jr.	
Inventor's Signature	<i>Oliver Brabaender</i>			Date	28.03.2002		
Residence City	Oberhausen	State		Country	Germany	Citizenship	Germany
Post Office Address	Heidenmorgen 125						
Post Office Address							
City	46049 Oberhausen	State		Zip		Country	Germany
Applicant Authority							
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							